

To: DEC Water Contact JEFFREY KONSELLA

to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information

submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

New York State Department of Environmental Conservation Division of Water



DEC Region:

Report of Noncompliance Event

| | Report Type: | 5 Day Permit Vi | olationOrder | Violation _ | Anticipated Noncompliance | Bypass/Overflow | ✓ Other |
|------------------------|-----------------------|----------------------------|--|-----------------|---------------------------------------|---------------------------|-------------------|
| <u>SECTIO</u> SPDES | | Facility: BU | FFALO SEWER AUTH | HORITY | | | |
| | | • | | | Unit, or Pump Station): O | - JTFALL | |
| | | | | | OCCURRED AT 10:15 AM ON 04 | | 3 |
| | | E WAS PLUGGED WITH | | | | | |
| | | | | | | | |
| | | | | | | · | |
| Has eve | ent ceased? (Yes) | (No) If so, when? | 04 / 15 / 15 W | as event di | ue to plant upset? (Yes) (N | o) SPDES limits vio | lated? (Yes) (No) |
| Start da | ite, time of event | : 04 / 15 / 15 , | 10:15 (AM) (P | M) End d | ate, time of event: 04 / 1 | <u>5 / 15 , 11 : 13 (</u> | AM) (PM) |
| Date, ti | me oral notificat | ion made to DEC? | 04 / 15 / 15 , 12 | <u>: 47</u> (AN | (PM) DEC Official con | tacted: ROBERT SMYTH | IE(EMAIL) |
| Immedi | ate corrective ac | tions: BSA STAFF CLI | EANED CHAMBER (| OF ALL DEBI | RIS | | |
| | | | ······································ | | | | - |
| | | * | | | | - | |
| Duorrand | ing (lang tanu) a | | | | | | |
| rrevent | ive (iong term) c | orrective actions: | | | | | <u> </u> |
| | | | | | · · · · · · · · · · · · · · · · · · · | · | _ |
| | | | ··· | | | | · |
| SECTIC | <u>DN 3</u> | | | | | | |
| Complet | e this section if eve | nt was a bypass: | | | | | |
| | | Bypass amount: | Was pi | rior DEC au | thorization received for this eve | ent? (Yes) (No) | |
| , i, | | DEC Official contac | eted: | | Date of DEC approval: | 1 1 | |
| Describe | e event in "Descrip | tion of noncompliane | e and cause" area i | in Section 2 | . Detail the start and end dat | es and times in Section | 2 also. |
| SECTIO | | | | | | | <u> </u> |
| | Facility Repres | entative: MICHAEL | LETINA | 7 | Title: TREATMENT PLANT SU | PT. Date: 04 / | 15 / 15 |
| | | Phone #: <u>(716</u> |) 851 - 466 | 34 X5201 | Fax #: <u>(716) 883 -</u> | 3789 | |
| | | that this document and all | | ned | | 20 | |

ete. Signature of Principal Executive
Officer or Authorized Agent
Cutiful # 7014 2120 0001 9660 0021



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

| To: DEC Water Contact JEFFREY KONSELLA | DEC Region: 9 |
|--|--|
| Report Type: 5 Day Permit Violation Order Violation | n Anticipated Noncompliance Bypass/Overflow _✓ Other |
| SECTION 2 | |
| SPDES #: NY- 0028410 Facility: BUFFALO SEWER AUTHORITY | |
| Date of noncompliance: 04 / 28 / 15 Location (Outfall, Treatme | ent Unit, or Pump Station): OUTFALL |
| Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLO | DW OCCURRED AT 9:30 AM ON 04/28/15 SPP # 355B |
| THROUGH OUTFALL#53. LINE WAS PLUGGED WITH DEBRIS | |
| Has event ceased? (Yes) (No) If so, when? 04/28/15 Was even Start date, time of event: 04 / 28 / 15 , 9: :30 (AM) (PM) En | |
| Date, time oral notification made to DEC? 04 / 28/15 , 11 : 00 | |
| Immediate corrective actions: BSA STAFF CLEANED CHAMBER OF ALL D | |
| inimodia con recivi aciano. | |
| · | |
| | |
| Preventive (long term) corrective actions: | |
| to to the country country actions. | |
| | |
| | |
| SECTION 3 | |
| | |
| Complex the Seconda wall wis saveds | |
| (in the state of t | Continue marce environmental line evente de la lighteria |
| iste di sampili, superiori | |
| | |
| tico e la caracita Preso inflore ocorredo plantes e a como estración se estas se in SECTION 4 | ines (1915) destroceren innes innes innes innes en Exercises, una esta esta esta esta esta esta esta est |
| SECTION 4 | |
| Facility Representative: Roberta Galek | Title: TREATMENT PLANT ADMINISTRATOR Date: 04 / 28 / 15 |
| Phone #: (716) 851 - 4664 X5208 | Fax #: (716) 883 - 3789 |
| I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Principal Executive Officer or Authorized Agent FIED MAIL#7010 18 70 0000 3618 9115 |